FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	WILLIAM JULIAN	OFFICE USE ONLY 크 의유								
(2)	Name 1102 NE 2ND COUR	2 P								
	Address (number and street) HALLAND ALE BEACH 1	ERAND								
	City, State, Zip Code 2 3	109								
	CHECK IF ADDRESS HAS CHANGED	(3) ID Number: 26-4027338								
(4)	4) Check appropriate box(es): ☑ Candidate (office sought): COMMISSION									
	Political Committee	CHECK IF PC HAS DISBANDED								
	☐ Committee of Continuous Existence ☐ Party Executive Committee	CHECK IF CCE HAS DISBANDED								
	☐ Electioneering Communication	CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED								
(5) REPORT IDENTIFIERS										
		041/2/2010 Report Type								
☐ Amendment ☐ Special Election Report ☐ Independent Expenditure Report										
(6)	CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT								
Cash	1 & Checks \$200. 0	Monetary Expenditures \$								
Loan	s \$	Transfers to Office Account \$								
Total	Monetary \$ 200.00	Total Monetary \$								
In-Ki	nd \$									
		(8) Other Distributions \$								
(9)	TOTAL Monetary Contributions To Date \$ <u>40</u> 0.	(10) TOTAL Monetary Expenditures To Date								
	•	IFICATION								
l cert	ify that I have examined this report and it is true,	son to falsify a public record (ss. 839.13, F.S.)								
	ct, and complete.	I certify that I have examined this report and it is true, correct, and complete.								
Ħ	npe name) ARMIN F. LOVENVITA Individual (only for Treasurer Deputy Treasurer ctions of the commun.)									
X	Chmin F. Lovenvisth	X Tellenler								
Si	gnature	Signature								
ng_ne	12 (Rev. 08/04)									

## **CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

(1) Name WILLIAM JULIAN (2) I.D. Number 26-4127338

(3) Cover Period	(7)	throu	gh 04 /	12 1201	(4) Page		of
(5) Date	Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
03,26,10	ORG.	ce .	BANKING	0.11			
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DS-DE 13 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES OF

CA Name <u> W」とと</u>	MPAIGN TREASURER'S F	REPORT – ITEMIZED (2	ED EXPENDITURES (2) I.D. Number 36-402-73.			
	// through		l) Page	/of		
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10)	(11) Amount	
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